



# STATE OF INDIANA

Mitchell E. Daniels, Jr., Governor

R. Scott Waddell, Commissioner

## SALVAGE MOTOR VEHICLE RESTORATION TITLE APPLICATION CHECKLIST

Salvage restoration title applications are processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application, please verify that all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ Completed and signed Application for Certificate of Title – State Form 44049
- ☐ Original Salvage Certificate of Title. Odometer statement must be completed on title if vehicle is transferring ownership.
- ☐ Affidavit of Restoration for a Salvage Motor Vehicle – State Form 44606
- ☐ Proof of ownership and/or proof of purchase required for each major component part used in restoration. If restoration was completed by using parts on hand, complete General Affidavit – State Form 37964. Include vehicle information (year, make, and VIN) and each part used with serial number, if applicable.
- ☐ Proof of Indiana Residency. Examples include an Indiana driver's license or ID card, utility bill dated within the past sixty (60) days, USPS change of address confirmation, W-2. Visit [mybm.com](http://mybm.com) for a complete list of acceptable documents.
- ☐ \$15 title application fee. Fees are payable by credit card (MasterCard or Visa), check, electronic check, or money order. A \$21.00 delinquent fee will be assessed on packets received 31 days after the purchase date listed on the certificate of title. Sales tax payment required if vehicle is also transferring ownership. Sales tax is 7% of the purchase price indicated on the title. Include Certificate of Gross Retail or Use Tax Paid–ST108 from the dealer or Certificate of Gross Retail or Use Tax Exemption– ST108E, in lieu of sales tax payment, if applicable.

If the Bureau of Motor Vehicles determines that sufficient credible evidence exists to substantiate the applicant's claim, a title will be issued. For your convenience, the required forms are included with this checklist. The forms are also available at **myBMV.com**. Mail the completed packet to:

**Central Office Title Processing  
100 North Senate Avenue, Room N411  
Indianapolis, IN 46204**

**Note: Include this checklist on the top of your application with contact information provided below. If all required documents are not submitted or information is incomplete the entire application will be returned.**

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email (optional) \_\_\_\_\_

# APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R4 / 3-02)

Approved by State Board of Accounts 2002

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.										I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FUTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.											
VEHICLE IDENTIFICATION NUMBER																					
YR.		MAKE				MODEL				TYPE				DATE				X _____			
INSPECTOR'S PRINTED NAME & TITLE										CITY										X _____	
INSPECTOR'S SIGNATURE										BADGE, BRANCH OR DEALER PLATE NO.				The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a <b>delinquent fee</b> for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. <b>*In accordance with Federal Code 383.</b>						DATE: _____	
1. TITLE NUMBER		BRANCH NO.		INVOICE NO.		BMV USE ONLY															
2. *SOC. SEC./FEDERAL I.D.NO.		APPLICANT'S NAME																BMV USE ONLY			
3. STREET ADDRESS		CITY								STATE				ZIP CODE							
4. VEHICLE I.D. NUMBER		VEH.YEAR		VEH. MAKE		VEH. MODEL NO.		VEH TYPE		ODOMETER											
5. FORMER TITLE NUMBER		PURCHASE DATE		LIEN		SPEED		PICK UP		MAIL		DEALER NO.		BMV USE ONLY							
6. FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS		STREET ADDRESS																			
7. CITY		STATE		ZIP CODE								BMV USE ONLY									
8. SECOND LIEN'S NAME		STREET ADDRESS																			
9. CITY		STATE		ZIP CODE		LICENSE NUMBER		LICENSE YEAR		FORMS USED		BMV USE ONLY									
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.																					
10. SELLING PRICE		LESS TRADE-IN *		AMOUNT SUBJECT TO TAX		AMOUNT OF TAX		DEALER		BRANCH		EXEMPT		IF EXEMPT PLACE PARA.#							

\*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is manadatory and this document cannot be processed without it.

**APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION**

**APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES**

**BUREAU - TO BE MAILED WITH TITLE REPORT**



# AFFIDAVIT OF RESTORATION FOR A SALVAGE MOTOR VEHICLE

State Form 44606 (R3 / 12-11)

INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**  
100 North Senate Avenue, N411  
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. Certificate of salvage title must be submitted. The title may be assigned to a purchaser. Out of state titles are accepted.
  3. Proof of ownership and the source of major component parts used are required.
  4. Vehicles designated as "junk," "non-repairable," "scrap," or similar designation may not be titled in Indiana.

## OWNER INFORMATION

Name (last, first, middle initial or company name)

Address (number and street)

City

State

ZIP Code

## RESTORER INFORMATION

☐ Same as Owner

Name (last, first, middle initial or company name)

Address (number and street)

City

State

ZIP Code

## VEHICLE INFORMATION

Vehicle Identification Number

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Year	Make	Model	Body Type	Purchase Date (mm/dd/yyyy)	Purchase Price
					\$

## MAJOR COMPONENT PARTS

Includes parts of motor vehicles, motorcycles, semitrailers, or recreational vehicles normally having a manufacturer's vehicle identification number, a derivative of the identification number, or a number supplied by an authorized governmental agency, including doors, fenders, differentials, frames, transmissions, engines, doghouses (front assembly), rear clips, etc. **Proof of ownership/purchase for each item must be submitted with application. Attach additional pages if necessary.**

Name of Part	Source VIN or Serial Number	Name and Address of Source	Date Acquired (mm/dd/yyyy)	Cost of Part

## RESTORATION STATEMENT

I certify that all major component parts incorporated during the restoration of the above vehicle have been included with this application. The restoration of the above vehicle is complete. To my knowledge, no stolen parts were utilized in the restoration process. I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury. I hereby request the Bureau of Motor Vehicles to issue a certificate of title with a "Rebuilt" brand for this motor vehicle.

Signature of Restorer	Printed Name	Date (mm/dd/yyyy)
Signature of Owner (if different from restorer)	Printed Name	Date (mm/dd/yyyy)

## PHYSICAL INSPECTION BY AN INDIANA POLICE OFFICER

I hereby certify that I am a law enforcement officer of the state of Indiana and I have personally examined the above vehicle, major component parts and ownership documents. The salvage restoration conforms to Indiana Code §9-22-3. I understand making a false statement may constitute the crime of perjury.

IDACS/NCIC Check Required. Date Performed (mm/dd/yyyy)	Comments			
Signature of Officer	Printed Name	Title	Badge Number	
Police Department	City	State <b>IN</b>	ZIP Code	



## AFFIDAVIT

State Form 37964 (R2 / 10-05)

BUREAU OF MOTOR VEHICLES

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

} SS:

Name

Address (*number and street, city, state, ZIP code*)

Deposes and says upon his / her oath that:

I swear or affirm that the information I have entered on this form is correct.  
I understand that making a false statement on this form may constitute  
the crime of perjury.

Signature

Date (*month, day, year*)

